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PATENT Attorney Docket No.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS:

Sanders et al.

GROUP NO.:

3742

SERIAL NO.:

10/784,084

EXAMINER:

Not yet assigned

FILING DATE:

February 20, 2004

TITLE:

Process and Apparatus for Cutting or Welding a Workpiece

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this day of August, 2004.

Jame Crystal-Lowry

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Submitted herewith are: Transmittal Form (1 page); Supplemental Application Data Sheet (6 pages) and Return postcard.

	(CIP)						
AUG 1 8 2004 FORM			Application Serial Number		1	10/784,084	
			Filing Date		F	February 20, 2004	
			First Name	First Named Inventor		Sanders	
			Group Art	Group Art Unit		3742	
			Examiner Name		N	Not yet assigned.	
			Attorney Docket No. Patent No.		Н	HYP-046C2 Not applicable	
					N		
			Issue Date		N	Not applicable	
		EN	CLOSURES (6	check all that apply)			
F	ee Transmittal Form			e to File Missing		Notice of Appeal to Board	
	Check Attached		Parts of Appli	cation (PTO-1553)		of Patent Appeals and Interferences	
	Copy of Fee		Formal Drawi	ng(s)		Appeal Brief (in triplicate)	
	Transmittal Form					,	
	Amendment/Response		Request For C			Status Inquiry	
	☐ Preliminary		Examination (Transmittal	Examination (RCE)			
	After Final				\boxtimes	Return Receipt Postcard	
	☐ Affidavits/declaration(s)☐ Letter to Official		Power of Atto (Revocation o	rney f Prior Powers)		Certificate of First Class Mailing	
	Draftsperson		•	,		under 37 C.F.R. 1.8	
	including Drawings [Total Sheets]		Terminal Disc	laimer		Certificate of Facsimile	
						Transmission under 37 C.F.R. 1.8	
	Petition for Extension of			aration and Power	\boxtimes	Additional Enclosure(s)	
	Time			f Attorney for Utility or Design atent Application		(please identify below)	
	Information D' 1				1) S	Supplemental Application Data Sheet	
	Information Disclosure Statement		Small Entity S	Small Entity Statement			
Form PTO-1449 Copies of IDS			CD(s) for large table or computer				
	Citations		program	e table or computer			
	Certified Copy of Priority		Amendment A	fler Allowance			
	Document(s)						
	Sequence Listing submission		Request for Certificate of Correction				
	☐ Paper Copy/CD		☐ Certificate	of Correction (in			
	☐ Computer Readable Copy☐ Statement verifying		duplicate)				
	identity of above	1					
CORF	RESPONDENCE ADDRESS			SIGNATURE BLO	OCK		
Direct		ministrator				Respectfully submitted,	
	Proskauer One Intern				\bigcap $I = I \Rightarrow $		
14 th Floor				Date: August 16, 200 Reg. No.: 55,694)4	Deborah M. Vernon	
Boston, MA 02110 Tel. No.: (617) 526				Tel. No.: (617) 526-9		Agent for the Applicant(s)	
	Fax No.: (617) 526.9	9899 Fax No.: (617) 526-9		9899	Proskauer Rose LLP One International Place	
					14 th Floor		

Boston, MA 02110-2600

AUG 1 8 2004 3

Application Information

Application Number:: 10/784,084

Filing Date:: February 20, 2004

Application Type:: Regular Subject Matter:: Utility

CD-ROM or CD-R?:: None

Number of CD Disks:: 0

Number of Copies of CDs:: 0

Sequence Submission?:: No

Computer Readable Form (CRF)?:: No

Number of Copies of CRF:: 0

Title:: Process and Apparatus for Cutting or Welding a

Workpiece

Attorney Docket Number:: HYP-046C2

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 9

Small Entity?:: No

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Applicant Information

Application Authority Type:: Inventor

Primary Citizenship Country:: U.S.A.

Status:: Full Capacity

Given Name:: Nicholas

Middle Name:: A.

Family Name:: Sanders

Name Suffix::

City of Residence:: Norwich

State or Province of Residence:: VT

Country of Residence:: U.S.A.

Street of Mailing Address:: Glen Ridge Road

City of Mailing Address:: Norwich

State or Province of Mailing Address:: VT

Country of Mailing Address:: U.S.A.

Postal or Zip Code of Mailing Address:: 05055

Application Authority Type:: Inventor

Primary Citizenship Country:: U.S.A.

Status:: Full Capacity

Given Name:: Richard

Middle Name:: W.

Family Name:: Couch

Name Suffix:: Jr.

City of Residence:: Hanover

State or Province of Residence:: NH

Country of Residence:: U.S.A.

Street of Mailing Address:: 29 Lyme Road

City of Mailing Address:: Hanover

State or Province of Mailing Address:: NH

Country of Mailing Address:: U.S.A.

Postal or Zip Code of Mailing Address:: 03755

Application Authority Type:: Inventor

Primary Citizenship Country:: U.S.A.

Status:: Full Capacity

Given Name:: Yong

Middle Name::

Family Name:: Yang

Name Suffix::

City of Residence:: Hanover

State or Province of Residence:: NH

Country of Residence:: U.S.A.

Street of Mailing Address:: 34 Lebanon Street, No. 6

City of Mailing Address:: Hanover

State or Province of Mailing Address:: NH

Country of Mailing Address:: U.S.A.

Postal or Zip Code of Mailing Address:: 03755

Application Authority Type:: Inventor

Primary Citizenship Country:: U.S.A.

Status:: Full Capacity

Given Name:: Zhipeng

Middle Name::

Family Name:: Lu

Name Suffix::

City of Residence:: Hanover

State or Province of Residence:: NH

Country of Residence:: U.S.A.

Street of Mailing Address:: 22 Rennie Road

City of Mailing Address:: Hanover

State or Province of Mailing Address:: NH

Country of Mailing Address:: U.S.A.

Postal or Zip Code of Mailing Address:: 03755

Application Authority Type:: Inventor

Primary Citizenship Country:: U.S.A.

Status:: Full Capacity

Given Name:: Robert

Middle Name:: C.

Family Name:: Dean

Name Suffix::

City of Residence:: Norwich

State or Province of Residence:: VT

Country of Residence:: U.S.A.

Street of Mailing Address:: 5 Penny Lane

City of Mailing Address:: Norwich

State or Province of Mailing Address:: VT

Country of Mailing Address:: U.S.A.

Postal or Zip Code of Mailing Address:: 05055

Application Authority Type:: Inventor

Primary Citizenship Country:: U.S.A.

Status:: Full Capacity

Given Name:: Kenneth

Middle Name:: J.

Family Name:: Woods

Name Suffix::

City of Residence:: Lebanon

State or Province of Residence:: NH

Country of Residence:: U.S.A.

Street of Mailing Address:: 225 Slayton Hill Road

City of Mailing Address:: Lebanon

State or Province of Mailing Address:: NH

Country of Mailing Address:: U.S.A.

Postal or Zip Code of Mailing Address:: 03766

Application Authority Type:: Inventor

Primary Citizenship Country:: U.S.A.

Status:: Full Capacity

Given Name:: Charles

Middle Name:: M.

Family Name:: Hackett

Name Suffix::

City of Residence:: Hanover

State or Province of Residence:: NH

Country of Residence:: U.S.A.

Street of Mailing Address:: 12 Ridge Road

City of Mailing Address:: Hanover

State or Province of Mailing Address:: NH

Country of Mailing Address:: U.S.A.

Postal or Zip Code of Mailing Address:: 03755

Application Authority Type:: Inventor

Primary Citizenship Country:: U.S.A.

Status:: Full Capacity

Given Name:: John

Middle Name::

Family Name:: Sobr

Name Suffix::

City of Residence:: Lebanon

State or Province of Residence:: NH

Country of Residence:: U.S.A.

Street of Mailing Address:: 141 Slayton Hill Road

City of Mailing Address:: Lebanon

State or Province of Mailing Address:: NH

Country of Mailing Address:: U.S.A.

Postal or Zip Code of Mailing Address:: 03766

Application Authority Type:: Inventor

Primary Citizenship Country:: U.S.A.

Status:: Full Capacity

Given Name:: William

Middle Name:: J.

Family Name:: Connally

Name Suffix::

City of Residence:: Grantham

State or Province of Residence:: NH

Country of Residence:: U.S.A.

Street of Mailing Address:: 12 Mill Pond Lane

City of Mailing Address:: Grantham

State or Province of Mailing Address:: MA

Country of Mailing Address:: U.S.A.

Postal or Zip Code of Mailing Address:: 03753

Correspondence Information

Correspondence Customer Number:: 42532

Representative Information

Representative Customer Number:: 42532

Domestic Priority Information

Application::	Continuity	Parent	Parent Filing	
	Type::	Application::	Date::	
This application	Continuation of	10/314,645	12/09/02	
10/314,645	Divisional of	09/665,650	09/20/00	
09/665,650	Non-provisional of	60/155,078	09/21/99	

Foreign Priority Information

Country:	Application Number:	Filing Date:	Priority Claimed:

Assignee Information

Assignee Information:: Hypertherm, Inc.

City of Mailing Address:: Hanover

State or Province of Mailing Address:: NH

Country of Mailing Address:: U.S.A.